

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90016 020 ***150.00

DOCUMENT # P99000036073

1. Entity Name
SUNBURST PRETZEL COMPANY

Principal Place of Business 10300 SOUTHSIDE AVE SPACE 2510 JACKSONVILLE FL 32256	Mailing Address 10300 SOUTHSIDE AVE SPACE 2510 JACKSONVILLE FL 32256-0770
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2. Principal Place of Business	3. Mailing Address 12681 STALLION CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State JACKSONVILLE FL.	4. FEI Number 59-3572800	Applied For <input type="checkbox"/> Not Applicable
Zip 32223	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HONOUR, KIRK C 12681 STALLION CT JACKSONVILLE FL 32223		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	Zip Code
		FL	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HONOUR, KIRK C 12681 STALLION CT JACKSONVILLE FL 32223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HONOUR, TINA M 12681 STALLION CT JACKSONVILLE FL 32223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIRK HONOUR **4-25-00** **904-880-2738**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #